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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Syrian Arab Republic

The Executive Director recommends that the Executive Board approve an amount of $2,500,000 from general resources, subject to the availability of funds, and an amount of $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of the Syrian Arab Republic for the period 1991-1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The Syrian economy expanded by an average annual rate of nearly 10 per cent in the period 1970-1982, but by the early 1980s, it suffered from the impact of the regional recession which resulted primarily from the drop in the Middle East States' oil exports and income. The Syrian economy was stagnant or declining for most of the 1980s largely because of lower remittance inflows, official aid and oil revenues, erratic harvests and flat industrial output. Increased domestic oil production has not been able to compensate for constraints in trade, agriculture and industry. Between 1981 and 1987, the per capita gross national product declined by an average of 3 per cent per year. The economy was characterized by budget and balance of payments deficits, foreign exchange shortages and, in the past three years, a high inflation rate averaging 30 per cent a year. 1/

2. With declining per capita output and income, and real wages unable to keep pace with rising prices, the living standards of Syrians declined throughout the 1980s. Today most Syrian households spend over 52 per cent of their monthly budget on food and beverages. Available retail price indices for key cities show increases ranging from 35 to 60 per cent between 1985 and 1988. Ad hoc economic adjustment measures such as import restrictions, foreign exchange controls and price increases have started to increase financial pressures on families with low and fixed incomes, as well as to aggravate problems facing some government social services, such as shortages of imported drugs or spare parts. A long-term, integrated economic adjustment programme that would provide a "safety net" for the most vulnerable groups has not yet been formulated. 1/

3. The Syrian Arab Republic exhibits a wide range of lifestyles, living conditions and social attitudes. About 50 per cent of all Syrians live in urban areas, and there are significant disparities in health and living conditions between the majority of urban dwellers, on the one hand, and the rural population (particularly in the north-eastern governorates) and illegal peri-urban population clusters, on the other. 1/

4. The status of women varies greatly within the country. In urban areas, men and women enjoy virtually equal opportunities for education, employment and participation in public life, particularly because social and economic development efforts during the past several decades have had a greater impact on urban than on rural populations. In rural areas, traditional conservative attitudes can still restrict the educational and professional aspirations of women. 1/

5. The Syrian Arab Republic is a centrally planned socialist country whose extensive national infrastucture delivers free education, primary health care (PHC) and social services to the population. The administrative structure comprises 14 governorates, which are divided into 60 districts, 179 sub-districts and 6,535 villages. The ruling Arab Baath Socialist Party plays a leading role in the administration of public services, either through government appointments or through a network of party-related, grass-roots voluntary organizations involving women, workers, farmers, students and youth.

6. Children under 16 years of age comprise 50 per cent of the population of over 11.6 million people. The health of Syrian children and mothers has improved steadily during the past decade, despite serious national economic constraints and regional and urban/rural variations in basic indicators. According to a 1988 Ministry of Health survey, assisted by UNICEF, the infant mortality rate (IMR) was 43 per 1,000 live births, with regional variations from 31 in Damascus to 58 in the rural north-eastern governorate of Raqqa, while the under-five mortality rate (U5MR) was about 53 per 1,000 live births. 2/ Neonatal deaths (due mostly to tetanus and birth trauma) account for 22 per cent of IMR, while diarrhoea-related dehydration accounts for up to 31 per cent of IMR in some areas. Acute respiratory infections (ARI) and low birth weight are common infant health risks, although actual incidence levels have not been established.

7. Although the nutritional status of children improved during the 1980s, it may be deteriorating today because of financial pressures on family budgets and seasonal food shortages caused by foreign exchange constraints. A 1989 Ministry of Health and Central Bureau of Statistics survey, assisted by UNICEF, revealed that about 25 per cent of children under five years of age suffered from moderate malnutrition and 2 per cent suffered from severe malnutrition. Malnutrition is worst among rural children, who experienced twice as many chronic malnutrition cases as urban children.

8. Poor breast-feeding and weaning practices are probably the reason why malnutrition occurs most often after the age of six months, but then frequently improves after the age of 36 months. A 1987 survey showed that most mothers initiate breast-feeding during the first day post-partum and over 70 per cent breast-feed for at least six months, while the rest of the infants are bottle-fed during the first three months of life. 3/ Poor maternal health and nutrition also account for the prevalence of low-birth-weight babies (11 per cent). 4/

9. The maternal mortality rate (MMR) in government hospitals declined from 298 to 125 per 100,000 deliveries between 1981 and 1985, but the national rate is probably more than double this figure since over 80 per cent of deliveries are attended by untrained traditional birth attendants (TBAs) outside government hospitals. Over two thirds of maternal deaths are caused by pre-eclampsia, haemorrhage and rupture of the uterus. This critical situation probably reflects the combined effect of such factors as the education and social status of women, the outreach and use of health care services, including TBAs, the prevalence of anaemia and hypertension during pregnancy and the quality of obstetric care throughout the pre-natal, birth and post-natal periods.

10. Maternal health relates strongly to fertility behaviour, family size and marriage patterns, which vary widely in the Syrian Arab Republic. The overall fertility rate dropped from 7.7 in the 1970s to 6.7 in 1988; it was 8.6 for illiterate women, 4.3 for literate women with primary education and 3.2 for women educated beyond primary school.

11. Because more Syrian children die from diarrhoea-related dehydration than from any other cause, water, sanitation and hygiene remain priority issues for the Government. Although 75 per cent of Syrians were estimated to have had access to

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clean water in 1988, there remain pockets of deficiency which have a negative impact on child and maternal health since about 46 per cent of rural areas still lack access to clean drinking water. Sewage networks serve only 47 per cent of the population (up from 42 per cent in 1980). The open disposal of untreated waste water, because of the lack of adequate sewage treatment plants, already threatens to pollute surface and underground water resources.

12. Free education from primary school through university (compulsory for the first six years) and the availability of primary schools in almost all villages have resulted in primary school enrolment rates as high as 97 per cent since 1981. The primary school drop-out rate declined from 30 to 16 per cent between 1980 and 1987, but was higher among girls (18 per cent) and highest among rural boys and girls in the four north-eastern provinces (31 to 46 per cent for girls and 19 to 28 per cent for boys). About 40 per cent of the population is illiterate, with illiteracy rates highest among women (55 per cent) and in rural areas (49 per cent). 5/

13. Basic health and social services and related messages reach virtually every household in the country owing to the combination of the extensive government administrative network, the activism of State-owned and parastatal mass media, the enthusiastic involvement of many party-related grass-roots "popular" organizations and the participation of professional organizations (pharmacists, doctors) and thousands of mosques and churches.

PROGRAMME CO-OPERATION, 1986-1990

14. During the past five years, UNICEF co-operation in the national child health programme focused on assistance to four low-cost, high-impact interventions (immunization, oral rehydration therapy (ORT), the training of TBAs and the promotion of breast-feeding) aimed at the rapid reduction of IMRs and U5MRs. A major feature of the programme has been the application of social mobilization techniques, involving particularly top-level political commitment, to marshal a truly national resource network in the service of child survival. In this context, the successful 1986 expanded programme on immunization (EPI) campaign was a pioneering effort with major implications for replicability in other child survival fields.

Expanded programme on immunization

15. The 1986 acceleration campaign was the centre-piece of an EPI effort whose joint infrastructural and social mobilization components have significantly raised indigenous service capabilities. Coverage dropped seriously in 1987, however, as national attention shifted to other fields. Mobile teams found themselves without former priority for fuel allocations, while static health facilities reduced their emphasis on EPI. The 1987-1988 period was one of transition as the Ministry of Health tried to adapt campaign resources and strategies to routine immunization services so as to reinstate and sustain high immunization coverage for each annual group of infants.

16. In 1989, there was a national competition for raising EPI coverage among the

governorates, and the Syrian Arab Republic now has the structure to vaccinate all of its newborns. All 550 government health centres and 75 mobile teams provide vaccinations (up from 350 centres and 60 teams in 1986). Almost all infants are registered with centres, and their families, teachers and community leaders are more aware of vaccination schedules. In April 1989, coverage was 76 per cent for three doses of diphtheria/pertussis/tetanus vaccine and of oral polio vaccine, 95 per cent for anti-tuberculosis vaccine and 70 per cent for measles vaccine.

17. This renewed progress was due partly to the reorganization of the EPI administration, which gave district-level health directors more direct supervisory responsibility in their regions. Meanwhile, provincial and national efforts have been enhanced through greater training involving some 3,000 doctors, paramedical staff, nurses and midwives, as well as some 2,000 non-health community leaders (particularly women and teachers).

18. Widespread public education has been achieved through the use of the mass media and printed materials (including manuals for health and non-health staff), bolstered by the enthusiastic participation of government agencies and political and community leaders.

19. Monitoring and evaluation systems have been established at all levels of the health sector, including five new sentinel centres for disease surveillance, a two-way system of monthly reports sent between the capital and the field, a computerized central recording system and more frequent visits and meetings among senior staff. Two cluster surveys and reviews were conducted in 1987 and 1988 and two more are planned in 1990.

Control of diarrhoeal diseases

20. The control of diarrhoeal diseases (CDD) project was launched in the early 1980s to tackle the number one killer of children - diarrhoea-related dehydration - through a two-pronged strategy: to develop a self-sufficient national production capacity for oral rehydration salts (ORS) and to create demand for ORS from families by increasing their knowledge of ORT. The project has increased domestic production capacity to 4.5 million half-litre packets of ORS and is on the way to reaching the target of 10 million packets. In 1989, 2.5 million packets were distributed free of charge through health centres and dayas (TBAs) and 2 million were sold through pharmacies.

21. The project established two ORT demonstration training centres in Damascus and Aleppo, and further plans to establish similar centres in all other governorates. The CDD effort has been fully integrated into the PHC system, and ORS is provided by health centres, dayas and, in some rural communities, by teachers. Ongoing courses by the Government and medical syndicates, including annual seminars in every governorate during 1987 and 1988, have trained 1,500 doctors and over 2,000 paramedical personnel annually in case management and prevention.

22. Applying the lessons learned from the EPI acceleration, the project increased public awareness of and demand for ORT during the 1989 acceleration through the effective use of radio, television and the print media. This was also complemented

by the wide dissemination of a total of some 2 million printed leaflets, pamphlets, posters and manuals, which were addressed to a broad audience of health staff, mothers, students, pharmacists and grass-roots women's organizations.

23. A 1989 knowledge, attitude and practice (KAP) survey to evaluate CDD efforts during 1988 showed that mothers' knowledge of ORT had increased from 38 to 93 per cent and the use of ORT from 31 to 67 per cent.

Training of traditional birth attendants

24. Focusing primarily on systematic training and refresher courses in midwifery and maternal and child health (MCH), this project has gradually upgraded the ability of TBAs to provide integrated PHC/MCH knowledge to mothers, particularly at the periphery. Over 3,200 of the country's 8,000 working dayas were trained in EPI, CDD, personal hygiene, breast-feeding and weaning, and in referring risk cases to a higher level of the health system. The total number of training teams now operating in all 14 governorates was increased from 14 to 22. A manual for trainers was produced and distributed and a manual for trainees is under preparation. UNICEF support consisted mainly of the provision of midwifery kits for trained TBAs and the production of the manuals.

Promotion of breast-feeding

25. This project was launched to address the decline in breast-feeding and the signs of rising malnutrition that were documented by a UNICEF-assisted nutrition survey in 1987. A total of 14 teams were established to compile a register of all health staff working in MCH, in both the public and private sectors, and to train them in proper breast-feeding and weaning practices. UNICEF helped the Government to establish national guidelines on integrating breast-feeding and weaning knowledge into health care practices and delivery systems. Mothers were reached through the mass media and interpersonal communications messages, and breast-feeding was also promoted as a component of the CDD programme.

Monitoring and studies

26. UNICEF-Government co-operation in programme monitoring and research has developed strongly during the current programme cycle, comprising research in direct support of the major programme components, such as a 1988 study to assess national progress towards the goal of reducing IMR by 50 per cent during the 1980s. UNICEF has supported key research on rapid infant mortality measurement techniques such as EPI surveys, the impact of economic adjustment on families with low and fixed incomes, three KAP surveys, disease surveillance and the situation analysis of children and women that was prepared as part of the current country programming process. Field visits and quarterly reporting systems, which link some projects in the provinces with the centre in Damascus, have also been used for monitoring.

Lessons learned

27. The Government and UNICEF have learned the following important lessons during the current programme cycle:

(a) Serious financial constraints stemming from the dictates of economic adjustment could be overcome by sustained advocacy for children, with top-level political leadership galvanizing multisectoral grass-roots participation;

(b) The active participation of non-health ministries, public personnel and non-governmental organizations (NGOs) is not only acceptable, it is an essential element in national health programmes driven by effective mobilization techniques. Primary school teachers can make a particularly important contribution to improving community and home health practices, given their ubiquitous presence in even the most remote villages, their position of respect in the local community and the existence of an established school health education programme;

(c) Properly mobilized and provided with necessary technical support, the public and private mass media and community communication channels can play a critical role in improving the health of women and children.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1995

Recommended general resources: $2,500,000
Supplementary funds: $2,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health			
Immunization	777	957	1 734
Control of diarrhoeal diseases	125	100	225
Other health	355	290	645
Subtotal	1 257	1 347	2 604
Nutrition	170	330	500
Education	165	270	435
Advocacy and social mobilization	170	206	376
Programme support	738	347	1 085
Total	2 500	2 500	5 000

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

National plans and priorities

28. The present country programme recommendation is based on government plans and policies, priorities and strategies promoted by UNICEF for the 1990s, as well as the experience gained in child survival and development (CSD) in the Syrian Arab Republic during the past five years. The planning for the 1991-1995 programme cycle, which coincides with the sixth government five-year development plan, was started in May 1988, with the preparation of a situation analysis of children and women and strategic framework by an interministerial committee supervised by the State Planning Commission.

29. A programme strategy meeting at Damascus in May 1989, attended by representatives from all concerned government ministries and United Nations agencies operating in the Syrian Arab Republic, as well as UNICEF staff from Damascus, Amman and New York headquarters, reviewed the situation analysis and agreed on the thrust and strategies of the programme.

30. The Government and UNICEF have jointly prepared a plan of operations for 1991-1995, covering co-operation in four major national programmes: (a) health, comprising EPI, CDD, ARI and maternal health projects; (b) nutrition, comprising projects on the promotion of breast-feeding and better weaning and supplementation practices and on the control of iodine deficiency disorders (IDD); (c) education, comprising primary education and women's literacy projects; and (d) social mobilization.

31. The main objectives of the programme of co-operation are (a) to maintain the priority position of the child on the national political agenda; (b) to reduce IMR from 43 per 1,000 live births in 1988 to less than 30 per 1,000 live births by 1995; (c) to halve MMR to 125 per 100,000 live births by 1995; and (d) to improve the quality of life of children and mothers.

32. The specific objectives include (a) the eradication of polio; (b) the virtual elimination of neonatal tetanus deaths; (c) a 90 per cent reduction of measles deaths; (d) strengthening MCH services and promoting better maternal and infant feeding practices; (e) improving female literacy and school attendance and reducing their primary school drop-out rates; (f) empowering women with knowledge and information required to protect the lives of their children; and (g) monitoring the situation of children and continuing to take steps to provide for their needs.

33. The new programme will build on the basic thrusts of past co-operation between the Government and UNICEF and capitalize on the existing momentum and commitment to CSD. Child survival will continue to be the main priority for Government-UNICEF co-operation, which will focus on achieving and sustaining universal child immunization (UCI), universalizing the applications of ORT and developing an effective ARI control programme. The TBA training programme will be expanded into a maternal health and well-being programme. Child nutrition will be enhanced through projects on improved breast-feeding and weaning practices and the control of IDD, while social mobilization and education will aim to improve the quality of life of children and mothers. The social mobilization project will also include advocacy and information to help the Government monitor the situation of children.

Health

Expanded programme on immunization

34. The overall objective of this project is to reduce the morbidity and mortality associated with the six vaccine-preventable diseases by eliminating these diseases through immunization. The specific aim is to increase and maintain coverage for all six antigens to 95 per cent by 1995 and to 80 per cent for tetanus toxoid immunization of women in the reproductive age-group (15 to 45 years old).

35. Based on lessons learned during and after the 1986 national immunization campaign, strategies to achieve those objectives will focus on expanding and strengthening the PHC infrastructure that provides routine immunization through mobile and static units, improving EPI programme management at all levels and ensuring the integration of EPI and other vertical programmes throughout the PHC delivery system. The project will pay particular attention to improving coverage in the north-eastern areas and underserved peri-urban areas, maintaining cold-chain operations and the logistical system, improving and expanding the disease surveillance system and sustaining public awareness of vaccination.

36. UNICEF will provide part of the EPI requirements of vaccines, syringes, cold-chain equipment and transport, and the Government will assume virtually full funding of this component by the end of 1995.

37. The in-service training of health centre directors, nurses and midwives, as well as the pre-service training of doctors with the potential to become health centre directors, will be conducted annually on EPI-related topics, with the collaboration of the Ministries of Health and Higher Education, UNICEF and the World Health Organization (WHO). A key aim of training and retraining schemes is to improve the quality of EPI services, especially at the periphery of the health system.

38. UNICEF will continue to support the expansion and efficiency of social mobilization and communication involving the non-health sector, such as school teachers, religious and professional bodies, women's union members, other NGOs, TBAs and the mass media, in order to sustain public awareness of the value of vaccinating infants from the day of birth.

39. Monitoring and evaluation activities to be supported include the gradual establishment of a nation-wide sentinel surveillance system, monthly coverage reports by governorate, a 1991 cluster survey of coverage and disease incidence, operations-oriented programme reviews, ongoing routine monitoring and unannounced spot checks by health ministry staff.

Control of diarrhoeal diseases

40. The major objective of this project is to achieve a 70 per cent reduction in IMR and U5MR caused by diarrhoeal dehydration. Service objectives include (a) establishing at least one diarrhoea treatment and training unit in each governorate; (b) achieving a national rate of 90 per cent access to ORS and

80 per cent use of ORT (home fluids and ORS) to prevent diarrhoeal dehydration among children under five years of age; (c) educating 90 per cent of mothers; and (d) training all governorate health staff and dayas in correct case management and prevention of diarrhoea. While the Government is committed to provide water to areas still in need, this project will address, with UNICEF assistance, the promotion of breast-feeding and proper weaning, sanitation and food safety and improved monitoring and surveillance of diarrhoea-linked child mortality and morbidity.

41. The strategy will emphasize the use of home fluids at the onset of diarrhoea. Children brought to public health centres will be treated with ORS and the mother will receive free ORS packets for further home treatment. Locally produced ORS will also be widely sold in pharmacies.

42. Other major activities will include (a) the establishment of an in-service training and supervisory system; (b) appropriate changes in the medical, pharmacology and paramedical curricula; (c) training and orientation of non-health personnel, especially teachers, religious leaders, members of the Women's General Union and TBAs; (d) the use of mass media to increase awareness and knowledge of diarrhoea prevention and proper home management; and (e) community health education through health facilities, pharmacies and private clinics.

43. UNICEF will support the training of both health and non-health personnel, the production and dissemination of educational materials, advocacy and social mobilization, and disease surveillance and evaluation in order to monitor project implementation and assess its intended impact. In addition to an annual review in October or November, a comprehensive joint programme review of UCI and CDD will be conducted in 1991.

Control of acute respiratory infections

44. Because ARI is an area of concern, the Government, UNICEF and WHO held consultations in August 1988. It was agreed that the first measure to be undertaken would be a baseline study, to be conducted in 1990-1991, to identify causes and assess magnitude. It is hoped that it will be possible to set the target for reduction of ARI-related infant and child mortality at about 25 per cent, and to reduce severe morbidity from ARI through preventive measures and early detection, diagnosis and treatment.

45. The specific aim would be to treat 50 per cent of ARI and pneumonia cases among children under five years of age with standardized WHO treatment by 1995, to use mass media to teach 70 per cent of mothers about ARI prevention and treatment and to train enough health workers in WHO case management techniques so as to be able to treat 70 per cent of moderate and severe ARI cases in health centres. These targets will be subject to revision once data become available.

46. The strategy to reduce ARI-related mortality comprises three main components: (a) case management appropriate to mild, moderate and severe cases, with health personnel and midwives referring severe cases to a higher health level; (b) using health education and direct participation in programme activities to upgrade ARI-

related knowledge, attitudes and child-care practices (including reducing swaddling) among mothers, families and community leaders; and (c) promoting full infant protection against vaccine-preventable diseases, particularly measles and pertussis.

47. A pilot programme will be implemented in one or two north-eastern governorates during 1991-1992, when all relevant management issues will be tested, including standardized case management techniques, prevention and early detection practices and a reporting and evaluation system. When the project expands nationally in 1993-1995, it will (a) incorporate the standard ARI treatment plan into hospitals and private clinics; (b) strengthen the role of nurses and midwives in antibiotics-related case management; (c) expand the role of teachers in prevention and referral; (d) strengthen links with other programmes (especially EPI and nutrition) in order to reduce ARI risk factors; and (e) expand outreach, cough screening and case management services in the peak winter season. The methods used to reach mothers will rely heavily on lessons learned during the national EPI and CDD accelerations.

48. The Government is fully aware of the contribution of a successful immunization programme against tuberculosis, pertussis and measles to controlling ARI. Therefore, sentinel sites linked to the EPI surveillance system will be established to monitor ARI morbidity and mortality.

49. UNICEF will support the project with initial provincial surveys, the development of training and educational materials, the training of health and non-health personnel, social mobilization and the establishment of a monitoring and evaluation system.

Maternal health

50. The importance of this project relates to the expanding and increasingly pivotal role of TBAs in the integrated nation-wide delivery of PHC/MCH services. Having recognized the cost efficiency and efficacy of integrating curative and preventive health services, particularly at the periphery, the Government created a Primary Health Care Directorate in 1988 to manage all MCH services and vertical projects, including EPI, CDD, ARI, malaria control, family planning and TBA training. With the administration of PHC services now being decentralized to focus on sub-district levels, TBAs working out of the country's 550 health centres should become the basic tier of the rural health infrastructure, as well as key providers of integrated PHC/MCH information and services at the community and neighbourhood levels.

51. The project developed out of an urgent need to reduce the high MMR, and it was agreed that one of the most effective ways to achieve this was to raise the existing low rates (about 15 per cent) of MCH services usage. Project objectives are: (a) to reduce MMR by 50 per cent by 1995; (b) to improve the nutritional status of pregnant and lactating women (which will also have a direct impact on reducing incidence of low birth weight); (c) to make child-spacing information widely available to all couples; and (d) to increase pre-natal and post-natal care coverage, including safe delivery by trained dayas, to at least 90 per cent by 1995.

52. The specific service objective of the project is to train at least 3,000 dayas by 1995, in addition to the 3,200 dayas already trained during the previous programme period.

53. UNICEF will assist training of TBAs and their trainers, supplying trained dayas with midwifery kits, providing training aids and materials, conducting studies and establishing a monitoring and evaluation system. The United Nations Population Fund (UNFPA), which has supported the project since 1982, will support the cost of vehicles and travel.

Nutrition

Infant feeding practices

54. This project builds upon the breast-feeding activities of the previous programme period. The overall objectives of the project are to promote breast-feeding and better weaning practices as major interventions to reduce malnutrition and diarrhoeal mortality and morbidity. It focuses on training health staff and dayas and raising the knowledge and awareness of appropriate breast-feeding and weaning by mothers and the general public.

55. Specific service objectives are: (a) to increase the proportion of children breast-fed for six months from 70 to 85 per cent by 1995; (b) to reduce malnutrition among pre-school children; (c) to reduce the rate of low-birth-weight babies from 11 to less than 5 per cent; (d) to provide breast-feeding training or information to 75 per cent of new health workers every year; (e) to educate 75 per cent of mothers on weaning and nutrition; and (f) to train all provincial health officials in breast-feeding and weaning knowledge and promotion.

56. Those objectives will be achieved through a strategy that focuses heavily on educating mothers about the health benefits of breast milk, enabling midwives to help mothers overcome minor problems related to breast-feeding, and improving mothers' knowledge about when and how to introduce weaning foods.

57. Project activities include: (a) antenatal preparation of mothers; (b) training health and non-health personnel; (c) modifying medical curricula to include pre-service promotion of breast-feeding; (d) promoting breast-feeding practices in hospitals; (e) using the mass media and face-to-face community-based health education activities to make mothers aware of the benefits of breast-feeding; (f) establishing a national training, supervisory and monitoring system; and (g) linking breast-feeding to CDD and other PHC issues through the integrated training of health staff.

58. UNICEF will support training, social mobilization and monitoring and evaluation activities.

Control of iodine deficiency disorders

59. This project was formulated by the Government and UNICEF after a 1985 survey showed that 72 per cent of students and 23 per cent of their families in selected coastal communities suffered from iodine deficiency and goitre. The project

objective is to eradicate IDD as a public health problem by reducing goitre rates in schoolchildren to less than 10 per cent by 1995.

60. The project's specific service objectives are: (a) to conduct a baseline survey to determine the extent of the problem; (b) to carry out operational research for project design and management; (c) to establish a national laboratory to monitor iodine levels of salt; (d) to establish iodination plants; (e) to generate top-level political commitment and grass-roots mobilization to implement preventive measures; and (f) to establish an intersectoral committee to oversee the project.

61. Project strategy comprises a baseline study in 1991 and an initial two-year pilot scheme in the coastal region, during which practical epidemiological and health system research will help to determine critical issues of how to design and implement a national IDD control programme. The project will expand to the national level in 1993.

62. Specific activities include training health staff to conduct an initial baseline survey in 1990, inviting WHO consultants to help the Government formulate the project and establishing an intersectoral ministerial committee to oversee project management. The project will also promote links with the EPI project, given that the promotion of tetanus toxoid immunization targets the same group of women of child-bearing age. Health staff will be trained and a schedule of supervisory visits and evaluation and monitoring procedures will be established.

63. UNICEF will support the project with training, supplies and equipment, educational and training materials, surveys, research studies and monitoring and evaluation.

Basic education for all

64. Recognizing the direct and vital relationship between education and the well-being of women and children, the basic education for all programme has as its general objectives the improvement of educational standards in rural schools, an increase in primary school attendance by girls and an improvement in women's literacy programmes by making them more functionally relevant.

65. The programme will have two projects. A primary education project will improve the delivery of education to rural schools through improvements in the pre-service training of teachers and development of materials in order to facilitate multi-grade teaching and create a stronger awareness of the need for and importance of primary schooling for girls. A second project will improve women's literacy in geographical areas of greatest need through changes towards more functional relevance in literacy learning and post-literacy materials.

66. Both projects will seek to utilize community resources by developing and expanding the community role of primary school and non-formal education teachers as agents of change and as focal points for village-level intersectoral co-operation. Both will also try to institutionalize and develop a strong system of community education in child survival and maternal health through the primary school and non-formal education systems.

67. The objectives will be achieved by strategies that will focus heavily on adapting teacher training and curriculum units to serve the needs of multi-grade rural schools and on training medical and teaching personnel in health education and community development issues. Community health materials will be developed to reach adults through the mass media and will also be used by professionals in the fields of water and sanitation, agriculture, health and education to integrate CSD messages into their normal community activities. Intersectoral collaboration will be strengthened through regular meetings among the relevant ministries and institutions, and more functionally relevant literacy and non-formal training materials for women and girls will be used in the north-eastern governorates.

68. The Ministry of Education and UNICEF will work closely together to develop multi-grade teaching skills units in teacher-training colleges and to subsidize the production of multi-grade teaching materials in provincial areas. Pre-service and in-service training curricula and materials for health and education staff will be updated and expanded to incorporate CSD-related materials, and primary school teachers will be provided with materials to inform both children and adults on good basic health practices. KAP surveys will be conducted among teachers in 1990-1991 to determine how they view their community roles, particularly in CSD.

69. UNICEF will also support the production of more relevant and effective information and training materials, the strengthening of female literacy programmes and joint workshops for provincial health and education directors. The programme includes a provision for regular studies to identify the most effective strategy to increase the attendance rates of girls in primary schools, while KAP studies will evaluate the impact of health and education personnel training.

Social mobilization

70. Having been successfully developed as a main tool of programme support during the 1986 EPI campaign, social mobilization has become an integral component of most CSD programmes and projects in the country. This project aims to strengthen and expand social mobilization capacities and to institutionalize them more deeply into the existing network of government, NGO and private-sector agencies that already work together for the cause of improved MCH. The long-term aim is to maintain child health issues as a high national priority and, therefore, to help ensure that sufficient national resources are committed to CSD.

71. The project's general objectives are to use the mass media, interpersonal communication channels and other novel and appropriate means to provide families and communities with the basic knowledge required to ensure the survival and improve the health of mothers and children, as well as to increase national priority for children and women in adjustment policies and the allocation of national resources for CSD. It will also promote the use and dissemination of Facts for Life and focus on the Convention on the Rights of the Child. It will also promote a more systematic collaboration between the Government and NGOs in projects for children and the institutionalization of social mobilization, including support for community communications in the Ministry of Health and in key institutions controlling the mass media.

72. Specific service objectives, other than those incorporated into the separate

national programme components, are to increase the quality and quantity of MCH media messages, to strengthen the health education capacity of the Ministry of Health, to increase the number of children and mothers covered by the Government's MCH system and to promote the establishment of MCH-related institutions.

73. The overall strategy to achieve those objectives incorporates a range of activities including advocacy, strengthening relevant government institutions, enhancing staff motivation through training and education, and training, mobilization and education at the community level. These efforts will be integrated and co-ordinated by the National Co-ordinating Committee on Social Mobilization, which will be closely associated with the Health Education Information/Communication Directorate of the Ministry of Information.

74. Project activities are designed to use social mobilization techniques to support separate national MCH programmes, but a number of activities will test specific mobilization and communication techniques and innovative systems. Activities include the training of government and non-government personnel; the promotion of greater intersectoral and intergovernmental co-ordination; workshops for NGOs, professional associations and community leaders; improving the production of community education materials; and research to improve television spots, other media messages and educational and informational materials.

75. UNICEF support will focus on workshops and training, communications supplies, programme support and information exchange, and research, monitoring and evaluation.

Co-operation with other United Nations and aid agencies

76. As in the past, close co-operation will be maintained with WHO, which has been fully involved in the development, implementation and review of the EPI and CDD projects. WHO will also actively participate in developing the ARI and IDD projects and their subsequent reviews. Direct co-operation with UNFPA will continue in the implementation of the dayas training project. The World Food Programme (WFP) is collaborating with UNICEF in the field of maternal and child nutrition, while the Arab Gulf Programme for the United Nations Development Organizations has contributed $500,000 to the UCI project.

Notes

1/ "Situation analysis of children and mothers in Syria, 1988-1989".

2/ These survey results were available only after the latest estimates of the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat were published.

3/ Ministry of Health. "National plan for the promotion of breastfeeding", Government of Syria, 1987-1988.

4/ "Child feeding survey, Samar el-Daher", 1987.

5/ "1981 census report", Central Bureau of Statistics, Government of the Syrian Arab Republic.

SYRIAN ARAB REPUBLIC

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	64	(1988)	Middle U5MR
Infant mortality rate	47	(1988)	Middle IMR
GNP per capita	$1,640	(1987)	Lower-middle GNP
Total population	12 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	297	406	472	512
Infant deaths (under 1)	(thousands)	29	26	25	24
Under-five deaths	(thousands)	39	35	34	33
Under-five mortality rate (per 1,000 live births)		132	87	73	64
Infant mortality rate (under 1) (per 1,000 live births)		97	64	53	47

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1984)	Moderate & severe	..	25*
	Severe	..	2*
Babies with low birth weight (%, 1985)		..	11*
Children completing primary level (% of first grade, 1985)		..	67*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978)		88/72/41	../../..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		119	131
Food production per capita index (Index 1979-1981=100, 1980/1988)		108	95
Household expenditure (% of total income)	All food/cereals	../..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			28
Access to health services	Total	75*	..
(% of population, 1980/1986)	Urban/rural	92*/60*	../..
Access to safe water	Total	75	..
(% of population, 1980/1986)	Urban/rural	98/54	../..
Access to adequate sanitation	Total	51	..
(% of population, 1980)	Urban/rural	74/28	../..
Births attended by trained personnel (%, 1979)		37	..
Maternal mortality rate (per 100,000 live births, 1984)		..	280

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	36	48	81	86
	DPT	14	26	70	58
	Polio	14	26	70	58
	Measles	14	30	73	51
Pregnant women (%) immunized against	Tetanus	3	5	6	40

SYRIAN ARAB REPUBLIC

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	64	(1988)	Middle U5MR
Infant mortality rate	47	(1988)	Middle IMR
GNP per capita	$1,640	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	102/91	110/99
(%, 1980/1987)	Male	114/100	115/100
	Female	89/81	104/94
Secondary enrolment ratio (gross/net)	Total	47/40	59/52
(%, 1980/1987)	Male	58/49	69/61
	Female	36/31	48/43
Adult literacy rate, 15 years & older	Total	40	60
(%, 1970/1985)	Male/female	60/20	76/43
Radio/television sets (per 1,000 population, 1980/1987)		193/44	231/58

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	6.3	8.8	10.5	11.6	17.6
Population aged 0-15 years	(millions)	..	4.4	5.3	5.9	8.5
Population aged 0-4 years	(millions)	..	1.7	2.0	2.2	3.0
Urban population (% of total)		43	47	49	51	57
Life expectancy at birth (years)	Total	55	61	64	65	70
	Male/female	55/57	60/63	62/66	63/67	67/72
Total fertility rate		7.7	7.3	7.0	6.7	5.3
Crude birth rate (per 1,000 population)		47	46	45	44	37
Crude death rate (per 1,000 population)		14	9	8	7	5

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978)		20	..
Population annual growth rate (%, 1965-1980/1980-1988)	Total	3.4	3.5
	Urban	4.5	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1987)		5.1	-3.2
Inflation rate (%, 1965-1980/1980-1987)		8	11
Population in absolute poverty (%)	Urban/rural	../..	../..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure, 1980/1987)	Health/education	1/6	1/9
	Defence	36	39
Household expenditure (% of total income)	Health/education	../..	../..
Official development assistance: (1980/1987)	US$ millions	1697	697
	As % of GNP	13	3
Debt service (% of goods & services exports, 1980/1987)		9	17

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1989

(Thousands of United States dollars)

COUNTRY: SYRIAN ARAB REPUBLIC
LATEST BOARD APPROVAL: 1989 for 1989-1990
GENERAL RESOURCES: $750,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	507	25					40		547	25	572
Young child development	18								18		18
Advocacy	3								3		3
Emergency	73								73		73
Planning and project support					63				63		63
Freight	4	30						43	4	72	76
GRAND TOTAL	605	55			63		40	43	708	97	806

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: SYRIAN ARAB REPUBLIC Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health							
Immunization	GR	257	200	160	95	65	777
	NSF	282	288	187	100	100	957
Control of diarrhoeal diseases	GR	20	20	25	30	30	125
	NSF	15	20	20	20	25	100
Other health	GR	40	50	80	90	95	355
	NSF	35	35	65	75	80	290
Subtotal, health	GR	317	270	265	215	190	1257
	NSF	332	343	272	195	205	1347
Nutrition	GR	28	28	38	38	38	170
	NSF	56	56	66	76	76	330
Education	GR	20	30	35	40	40	165
	NSF	40	40	50	60	80	270
Advocacy	GR	20	25	40	40	45	170
	NSF	30	33	38	50	55	206
Programme support	GR	115	147	122	167	187	738
	NSF	42	28	74	119	84	347
TOTAL	GR	500	500	500	500	500	2500
	NSF	500	500	500	500	500	2500
GRAND TOTAL		1000	1000	1000	1000	1000	5000

GR = General resources.
NSF = New supplementary funding.

/...

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SYRIAN ARAB REPUBLIC	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts		
Local national Professional and General Service established posts	4	100
Operating costs		146
Total	4	246
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds		
Local national Professional and General Service project posts		
General resources	3	150
Supplementary funds		
Total	3	150

a/ For information source, see 1990 post authorization table, revised October 1989.

Annex

SELECTED LIST OF STUDIES AND EVALUATIONS

1. Situation analysis of children and mothers in Syria, 1988-1989.

2. 1981 census report, Central Bureau of Statistics, Government of Syria.

3. Nation-wide EPI cluster survey, 1987.

4. EPI/CDD review study, 1988.

5. Evaluation of IMR and child mortality, 1988.

6. KAP survey on CDD, 1988.

7. KAP survey on CDD/nutrition, 1989.

8. Economic trends in Syria, 1989.

9. Study on disease surveillance in Damascus city, rural Damascus, Homs and Lattakiya during 1984-1988, Ministry of Health, 1988.

10. Study on diarrhoea cases in Douma and Homs Hospital during 1987-1988, Ministry of Health, 1989.

11. Breast-feeding and weaning practices, Ministry of Health.

12. Child feeding survey, Samar el-Daher, 1987.

13. National plan for promotion of breast-feeding, Ministry of Health, 1987-1988.